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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of PCT/BR01/00083 07/03/2001 *re-re.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 BRAZIL PI 0002989-0 07/03/2000 *re-re.*  
 BRAZIL PI 0102648-8 07/03/2001 *re-re.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **\*\* SMALL ENTITY \*\***  
**\*\* 03/29/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>re-re.</i> Examiner's Signature Initials	STATE OR COUNTRY BRAZIL	SHEETS DRAWING 16	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
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 21003  
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 NEW YORK, NY  
 10112

TITLE  
 Prevention and treatment of mycoplasma-associated diseases

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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